



Trm

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

I·A·D·0·0·0·2·2·2·6·5·3

Manifest
Document No.
M·1·2

2. Page 1
of 1

Information in the shaded areas is
not required by Federal law, but
items D, F, H and I are required by
State law.

3. Generator's Name and Mailing Address

Climax Molybdenum Company

Hwy 61 South

Fort Madison, IA 52627

4. Generator's Phone ()

319-463-7151

A. State Manifest Document Number

INA 0277601

B. State Generator's ID

5. Transporter 1 Company Name

Heritage Transport

6. Use EPA ID Number

I·N·D·0·5·8·4·8·4·1·1·4

C. State Transporter's ID

D. Transporter's Phone 317/241-9406

7. Transporter 2 Company Name

8. Use EPA ID Number

· · · · ·

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Heritage Environmental Services

7901 West Morris Street

Indianapolis, IN 46231

10. Use EPA ID Number

I·N·D·0·9·3·2·1·9·0·1·2

G. State Facility's ID

H. Facility's Phone

319/243-0811

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13.
Total
Quantity

14.
Unit
Wt/Vol.

I.
Waste No.

a.
RQ, Hazardous Waste Solid
ORME-E, NA9189, (EPA-EPTTQX)

1 . T·T

16 .

T

D004

b.					
c.					
d.					

RCRA 09/30/1988



353

J. Additional Descriptions for Materials Listed Above

Molybdenum Sulfide Cake, Exempt
from RCRA by paragraph, 261.4

K. Handling Codes for Wastes Listed Above

D004

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Thomas E. Anderson

Signature

Thomas E. Anderson

Month Day Year
09 30 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Richard Whittaker

Signature

Richard Whittaker

Month Day Year
09 30 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year
· · ·

19. Discrepancy Indication Space

RECEIVED

OCT 13 1988

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.

Printed/Typed Name

Signature

IOWA SECTION

Month Day Year
· · ·

INA 0277601

INSTRUCTIONS TO GENERATORS (Please type or print clearly)

- (1) Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
- (2) Enter total number of pages comprising this Manifest.
- (3) Enter **generator's** name and mailing address.
- (4) Enter telephone number where an authorized agent of the **generator** may be reached in event of an emergency.
- (5, 6) Enter company name and U.S. EPA I.D. number of the first **transporter** who will transport the waste.
- (7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second **transporter** who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
- (9, 10) Enter company name, **site** address, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
- (11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
- (12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I — Types of Containers

DM—Metal drums
DW—Wooden drums
DF—Fiberboard/plastic
TP—Tanks portable

TT—Tank Trucks
TC—Tank cars
DT—Dump truck
CY—Cylinders

CM—Metal boxes (including roll-offs)
CW—Wooden boxes
CF—Fiber or plastic boxes
BA—Bags

- (13) Enter total quantity of waste described on each line.
- (14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II — Units of Measure

P = Pounds
K = Kilograms
Y = Cubic yards
N = Cubic meters

L = Liters (liquids only)
G = Gallons (liquids only)
T = Tons (2,000 lbs.)
M = Metric tons (1,000 kg.)

- (16) The **generator** must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

- (D) Enter the phone number of **first transporter**.
- (F) Enter the phone number of **second transporter** (if applicable).
- (H) Enter the phone number of the designated facility.
- (I) Enter the most appropriate EPA waste code.

GENERATOR IN STATE: Retain **Copy 8** and detach and mail **Copy 2** to Indiana D.E.M.

GENERATOR OUT OF STATE: Retain **Copy 8** and mail **Copy 2** to the Generator State (if applicable) and mail **Copy 3** to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS (Please type or print clearly)

- (17, 18) Enter name of the person accepting the waste on behalf of the **transporter**. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain **Copy 7 (Copy 6)** and leave remaining copies with **FACILITY OWNER/OPERATOR**.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES (Please type or print clearly)

- (19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
- (20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain **Copy 5**, return **Copy 4** to generator and mail **Copy 1** to Indiana D.E.M.

OWNER/OPERATOR OUT OF STATE: Retain **Copy 5**, return **Copy 4** to generator, mail **Copy 1** to the TSD State (if applicable) and mail **Copy 3** to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days (13-7-8.5-7).



R00000353

RCRA Records Center

ental Management
aste Management

Manifest Tracking Phone Number: (317)243-5014

CLIMAX MOLYBDENUM COMPANY
AMAX MOLYBDENUM DIVISION

AMAX INC

P. O. BOX 220 • FORT MADISON, IOWA 52627



EPA Region 7
Iowa RCRA
726 Minnesota Avenue
Kansas City, Kansas 66101

